

HIGHLY CONFIDENTIAL

Exhibit 3-c REDACTED

Named Plaintiff Drug Encounter Summary- REDACTED (Named for Baxter, Fujisawa, Sitor, and Watson)

Date of Service	J Code	Drug Description ⁽¹⁾	C- Hospital OPSS			D - No Responsibility/ Flat CoPay				F - Missing Evidence					Available Clark Support		
			Defendant did not manufacture	A - Part A/ Inpatient	B - 2005 ASP	1 - Bundle	2 - Cost	1 - No Responsibility	2 - LMRP	3 - Supplemental Insurance	4 - Financial Assistance	E - Multi-Source ⁽²⁾	1 - EOMB/Medicare Payment	2 - Insurance Coverage Information		3 - EOB/Insurance Payment	4 - Payment Evidence
12/31/01	J7030	SODIUM CHLORIDE 0.9% IVSL		X													CLARK 0291
01/09/02	J7030	NORMAL SALINE SOLUTION INFUS														X	CLARK 0029, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0139, CLARK 0140, CLARK 0288, CLARK 0300-0326, ABPA 001-151
01/09/02	J7050	NORMAL SALINE SOLUTION INFUS														X	CLARK 0029, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0139, CLARK 0140, CLARK 0288, CLARK 0300-0326, ABPA 001-151
01/09/02	J9060	CISPLATIN 10MG INJECTION														X	CLARK 0029, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0139, CLARK 0140, CLARK 0288, CLARK 0300-0326, ABPA 001-151
01/10/02	J9060	CISPLATIN, POWDER OR SOLUTN/10						X ²								X	CLARK 0011, CLARK 0300-0326
01/10/02		DEXAMETHASONE SODIUM PHOSPHATE-10					X									X	CLARK 0011, CLARK 0300-0326
01/10/02		DEXTROSE 5%-WATER 5% IVSL IV 5				X										X	CLARK 0011, CLARK 0300-0326

HIGHLY CONFIDENTIAL

Exhibit 3-c REDACTED

Named Plaintiff Drug Encounter Summary- REDACTED (Named for Baxter, Fujisawa, Sitor, and Watson)

Date of Service	J Code	Drug Description ⁽¹⁾	C- Hospital OPIS				D - No Responsibility/ Flat CoPay				F - Missing Evidence					Available Clark Support		
			Defendant did not manufacture	A - Part A/ Inpatient	B - 2005 ASP	1 - Bundle	2 - Cost	1 - No Responsibility	2 - LMRP	3 - Supplemental Insurance	4 - Financial Assistance	E - Multi-Source ⁽³⁾	1 - EOMB/Medicare Payment	2 - Insurance Coverage Information	3 - EOB/Insurance Payment		4 - Payment Evidence	5 - Evidence of Source
01/16/02	J7050	NORMAL SALINE SOLUTION INFUS											X		X		X	CLARK 0029, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0136, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-154
02/06/02	J7030	NORMAL SALINE SOLUTION INFUS											X		X		X	CLARK 0030, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-155
02/06/02	J7050	NORMAL SALINE SOLUTION INFUS											X		X		X	CLARK 0030, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-155
02/06/02	J9060	CISPLATIN 10MG INJECTION											X		X		X	CLARK 0030, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0136, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-155

HIGHLY CONFIDENTIAL

Exhibit 3-c

REDACTED

Named Plaintiff Drug Encounter Summary- REDACTED (Named for Baxter, Fujisawa, Sico, and Watson)

Date of Service	J Code	Drug Description ⁽¹⁾	C- Hospital OPSS					D - No Responsibility/ Flat CoPay				F - Missing Evidence					Available Clark Support	
			Defendant did not manufacture	A - Part A/ Inpatient	B - 2005 ASP	1 - Bundle	2 - Cost	1 - No Responsibility	2 - LMRP	3 - Supplemental Insurance	4 - Financial Assistance	E - Multi-Source ⁽²⁾	1 - EOMB/Medicare Payment	2 - Insurance Coverage Information	3 - EOB/Insurance Payment	4 - Payment Evidence		5 - Evidence of Source
02/06/02	J9062	CISPLATIN 50MG INJECTION											X		X		X	CLARK 0030, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0136, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-155
02/13/02	J1100	DEXAMETHASONE SODIUM PHOS										X			X		X	CLARK 0031, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-0157
02/13/02	J7050	NORMAL SALINE SOLUTION INFUS										X			X		X	CLARK 0031, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0287, CLARK 0300-0326, ABPA 001-0157
03/12/02	J7030	NORMAL SALINE SOLUTION INFUS											X		X		X	CLARK 0033, CLARK 0036, CLARK 0041, CLARK 0140, CLARK 0286, CLARK 0300-0326
03/12/02	J7050	NORMAL SALINE SOLUTION INFUS															X	CLARK 0033, CLARK 0036, CLARK 0041, CLARK 0140, CLARK 0286, CLARK 0300-0326

HIGHLY CONFIDENTIAL

Exhibit 3-c (REDACTED)

Named Plaintiff Drug Encounter Summary - (REDACTED) (Named for Baxter, Fujisawa, Sico, and Watson)

Date of Service	J Code	Drug Description ⁽¹⁾	Defendant did not manufacture		A - Part A/ Inpatient		B - 2005 ASP		1 - Bundle			2 - Cost			OPPS			C - Hospital			D - No Responsibility/ Flat CoPay			F - Missing Evidence					Available Clark Support																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																

HIGHLY CONFIDENTIAL

Exhibit 3-c : REDACTED

Named Plaintiff Drug Encounter Summary- REDACTED : (Named for Baxter, Fujisawa, Stcor, and Watson)

Date of Service	J Code	Drug Description ⁽¹⁾	Defendant did not manufacture		A - Part A/ Inpatient		B - 2005 ASP		1 - Bundle		2 - Cost		OPPS		C- Hospital		D - No Responsibility/ Flat CoPay		F - Missing Evidence					Available Clark Support
			0	4	5	5	1	2	1	0	0	0	3	0	32	1 - EOMB/Medicare Payment	2 - Insurance Coverage Information	3 - EOB/Insurance Payment	4 - Payment Evidence	5 - Evidence of Source				
04/17/02	J7050	NORMAL SALINE SOLUTION INFUS																				CLARK 0036, CLARK 0041, CLARK 0140, CLARK 0286, CLARK 0300-0326, ABPA 001-167		
08/20/02	J7030	SODIUM CHLORIDE 0.9% 0.9% IVSL																				CLARK 0018, CLARK 0023, CLARK 0159		
08/20/02	J7030	SODIUM CHLORIDE 0.9% 0.9% IVSL																				CLARK 0018, CLARK 0023, CLARK 0159		
08/20/02	J7040	SODIUM CHLORIDE 0.9% IVSL I, 5																				CLARK 0018, CLARK 0159		
10/24/05	J7050	NORMAL SALINE SOLUTION INFUS																				CLARK 0285		
10/24/05	J7040	NORMAL SALINE SOLUTION INFUS																				CLARK 0285		
10/24/05	J7060	5% DEXTROSE/WATER																				CLARK 0285		
10/24/05	J9182	ETOPOSIDE 100 MG INJ																				CLARK 0285		
10/24/05	J1094	DEXAMETHASONE ACETATE INJ																				CLARK 0285		
Total Encounters		32																						

Notes:

- (1) Depending on documentation available, drug descriptions were first based on Medicare EOB provided in discovery, then on drug description in billed charges, and finally on 2005 CMS NDC-HCPCS Crosswalk.
- (2) Administered at Mayo Clinic Hospital which is reimbursed under OPPS.
- (3) Comprehensive cross-walk information and detailed analysis of the methodology used by Medicare to establish reimbursement for multi-source drugs was not available until the recent Medicare cross-walks were published by CMS and CMS implemented the Single Drug Pricer process in 2003. Therefore, I have identified multi-source drugs based on these recent sources. The status of drugs over the entire class period would require extensive analysis. However, the transactions identified by named plaintiffs were primarily related to the more recent time frames, so I have limited my analysis at this time to the SDP and Medicare Crosswalk information currently available through CMS.

HIGHLY CONFIDENTIAL

Exhibit 3-d REDACTED

Named Plaintiff Drug Encounter Summary- REDACTED (Named for Abbot, Baxter, Fujisawa, Immunex, and Watson)

Date of Service	J Code	Drug Description ⁽¹⁾	C- Hospital OPPS										D - No Responsibility/ Flat CoPay				F - Missing Evidence					Available Howe Support
			Defendant did not manufacture	A - Part A/ Inpatient	B - 2005 ASP	1 - Bundle	2 - Cost	1 - No Responsibility	2 - LMRP	3 - Supplemental Insurance	4 - Financial Assistance	E - Multi-Source ⁽²⁾	1 - EOMB/Medicare Payment	2 - Insurance Coverage Information	3 - EOB/Insurance Payment	4 - Payment Evidence	5 - Evidence of Source					
9/12/2000	J1580	GARAMYCIN, GENTAMICIN INJ																0001, 0053, 0074, 0109				
12/5/2000	J1580	GENTAMICIN, 80MG																0098				
2/13/2001	J1580	GENTAMICIN, 80MG																0080				
12/12/2001	J1580	GARAMYCIN, GENTAMICIN INJ																0054, 0073				
9/7/2005	J1100	DEXAMETHASONE SODIUM PHOS																0051, 0072				
10/4/2005	J1100	DEXAMETHASONE SODIUM PHOS																0071				
10/25/2005	J1100	DEXAMETHASONE SODIUM PHOS																0071				
12/1/2005	J9293	MITOXANTHRONE HYDROCHL / 5MG																0230				
12/1/2005	J1100	DEXAMETHASONE SODIUM PHOS																0230				
Total Encounters			1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0230				

Notes:

- (1) Depending on documentation available, drug descriptions were first based on Medicare EOB provided in discovery, then on drug description in billed charges, and finally on 2005 CMS NDC-HCPCS Crosswalk.
- (2) Mr. Haviland's reference of the drug transaction for Novantone (Mitoxantrone) administered to Mr. Howe on 12/1/2005 (Howe 0230) is not sold by a defendant. It is sold by Sereno as of November 13, 2002.
- (3) Comprehensive cross-walk information and detailed analysis of the methodology used by Medicare to establish reimbursement for multi-source drugs was not available until the recent Medicare cross-walks were published by CMS and CMS implemented the Single Drug Pricer process in 2003. Therefore, I have identified multi-source drugs based on these recent sources. The status of drugs over the entire class period would require extensive analysis. However, the transactions identified by named plaintiffs were primarily related to the more recent time frames, so I have limited my analysis at this time to the SDP and Medicare Crosswalk information currently available through CMS.

Exhibit 4-B

J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Encounter #	Date of Service	J Code	Drug Description ⁽¹⁾	SNWMASS Applicable Support ⁽⁴⁾	Defendant Did Not Manufacture	A - 2005 ASP	B - Hospital OPS	C - Multisource ⁽¹⁾	D - Purchased Outside of MA	E - Remittance Advice Detail	2 - Proof of Source	3 - EOMB	F - Missing Evidence	F - Remaining
Abbott 3(a)														
1	10/4/2004	J2930	Methylprednisolone Injection ⁽³⁾	000304	X									
2	8/1/2001	J0635	Calcitriol Injection	001180, 001181		X		X			X	X		
3	6/23/2005	J1940	Furosemide Injection ⁽³⁾	000004	X									
4	1/8/2004	J1580	Garamycin Gentamicin Inj. ⁽⁴⁾	001439, 001440			X	X			X	X		
5	8/5/2004	J1644	Heparin Sodium ⁽³⁾	000128	X									
6	10/1/2002	J0640	Leucovorin calcium injection ⁽⁵⁾	001368, 001370		X	X	X			X	X		
7	10/8/2002	J0640	Leucovorin calcium injection ⁽⁵⁾	001368, 001370		X	X	X			X	X		
8	10/15/2002	J0640	Leucovorin calcium injection ⁽⁵⁾	001369, 001370		X	X	X			X	X		
9	10/29/2002	J0640	Leucovorin calcium injection ⁽⁵⁾	001369, 001370		X	X	X			X	X		
10	9/19/2005	J3370	Vancomycin HCl ⁽³⁾	000524	X									
Amgen 3(b)														
11	6/6/2005	J0880	Darbepoetin Alfa	000002		X					N/A	X		
12	8/30/2004	Q4055	Epoetin Alfa > 10,000 units	000171			X				X	X		
13	4/14/2004	J2505	Pegfilgrastim	000403							N/A	X	X	
14	4/8/2005	J1441	Filgrastim	000398		X		X			X	X		
Aventis 3(c)														
15	3/25/2003	J1260	Dolasetron Mesylate	001440, 001441			X	X			X	X		
16	3/3/2005	J9170	Doxetaxel	000335		X	X				X	N/A	X	
Baxter 3(d)														
17	3/31/2004	J3490	Unclassified Drug ⁽²⁾	001626	X									
18	4/21/2004	J9060	Cisplatin 10 MG	000259				X			X	X		
19	4/21/2004	J9062	Cisplatin 50 MG injection	000259				X			X	X		
20	4/21/2004	J3490	Unclassified Drug ⁽²⁾	000263	X									

Privileged & Confidential
This Draft is for discussion purposes only. All examples and tables are currently under review and may be subject to change.

J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Exhibit 4-B

Encounter #	Date of Service	J Code	Drug Description ⁽¹⁾	SNWMASS Applicable Support ⁽⁸⁾	E - Missing Evidence							
					A - 2005 ASP	B - Hospital OPS	C - Multisource ⁽¹¹⁾	D - Purchased Outside of MA	1 - Remittance Advice Detail	2 - Proof of Source	3 - EOMB	F - Remaining
Dey Labs 3(g)												
21	2/2/2004	J9000	Doxorubic hcl 10 MG vial chemo ⁽⁶⁾	000876			X			X	X	
22	8/5/2004	J1644	Heparin Sodium	000128, 000130		X	X		X	X	X	
23	9/19/2005	J3370	Vancomycin HCL ⁽⁶⁾	000524	X	X	X		X	X	X	
Fujisawa 3(h)												
24	3/24/2005	J7613	Albuterol Unit Dose	000177	X		X			X	X	
25	3/24/2005	J7644	Ipratropium Bromide	000177	X		X			X	X	
Gensia 3(i)												
26	6/11/2002	J3303	Triamcinolone Hexacetot ⁽¹⁰⁾ Ariston	000870	X							
27	6/11/2002	J3302	Triamcinolone Diacetate ⁽¹⁰⁾ Ariston	000873	X							
28	9/19/2005	J3370	Vancomycin HCL ⁽¹⁰⁾	000524	X							
29	6/8/2004	J7507	Tacrolimus Oral Prograf	000353				X		X	X	
30	10/9/2001	J1100	Dexamethasone Sodium Phosphate ⁽¹⁰⁾	001238	X							
31	2/2/2004	J1100	Dexamethasone Sodium Phosphate ⁽¹⁰⁾	000876	X							
32	2/2/2004	J9000	Doxorubic hcl 10 MG vial chemo ⁽¹⁰⁾	000876	X							
33	6/16/2000	J9190	Fluorouracil injection ⁽¹⁰⁾	001691	X							
34	1/8/2004	J1580	Gentamicin Sulfate ⁽¹⁰⁾	001439	X							
Immunex 3(j)												
35	10/1/2002	J0640	Leucovorin calcium injection	001368, 001370								
36	10/8/2002	J0640	Leucovorin calcium injection	001368, 001370								
37	10/15/2002	J0640	Leucovorin calcium injection	001369, 001370								
38	10/29/2002	J0640	Leucovorin calcium injection	001369, 001370								
39	10/1/2002	J0640	Leucovorin calcium injection	001368, 001370								
40	10/8/2002	J0640	Leucovorin calcium injection	001368, 001370								
41	10/15/2002	J0640	Leucovorin calcium injection	001369, 001370								

This Draft is for discussion purposes only. All examples and tables are currently under review and may be subject to change.

Privileged & Confidential

Exhibit 4-B

J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Encounter #	Date of Service	J Code	Drug Description ⁽¹⁾	SWM/MASS Applicable Support ⁽⁸⁾	Defendant Did Not Manufacture										E - Missing Evidence		
					A - 2005 ASP	B - Hospital OPS	C - MultiSource ⁽¹¹⁾	D - Purchased Outside of MA	1 - Remittance Advice Detail	2 - Proof of Source	3 - EOMB	F - Remaining					
Pharmacia 3(k)																	
42	10/29/2002	J0640	Leucovorin calcium injection	001369, 001370													
43	11/22/2000	J9260	Methotrexate sodium inj.	001001			X				X						
44	12/13/2000	J9260	Methotrexate sodium inj.	001002			X				X						
45	12/20/2000	J9260	Methotrexate sodium inj.	001002			X				X						
46	12/29/2000	J9260	Methotrexate sodium inj.	001002			X				X						
47	12/16/2004	J9293	Mitoxantrone hydrochl / 5 MG ⁽⁹⁾	000008	X												
48	1/7/2005	J9293	Mitoxantrone hydrochl / 5 MG ⁽⁹⁾	000023	X												
49	1/27/2005	J9293	Mitoxantrone hydrochl / 5 MG ⁽⁹⁾	000027	X												
50	1/27/2005	J9293	Mitoxantrone hydrochl / 5 MG ⁽⁹⁾	000039	X												
Pfizer 3(l)																	
51	2/2/2004	J9000	Doxorubic hcl 10 MG vI chemo	000876													
52	6/16/2000	J9190	Fluorouracil injection	001691													
53	2/2/2004	J9000	Doxorubic hcl 10 MG vI chemo	000876													
54	2/2/2004	J9070	Cyclophosphamide 100 MG inj	000876													
Sicor 3(m)																	
55	5/21/2005	J0456	Atropine Sulfate Inj.	000044		X	X	X						X	X		
56	2/2/2004	J9000	Doxorubic hcl 10 MG vI chemo	000876													
57	10/1/2002	J0640	Leucovorin calcium injection	001368													
58	10/8/2002	J0640	Leucovorin calcium injection	001368													
59	10/15/2002	J0640	Leucovorin calcium injection	001369													
60	10/29/2002	J0640	Leucovorin calcium injection	001369													
61	9/19/2005	J3370	Vancomycin HCL	000524													
Watson 3(n)																	
62	4/26/2004	J1094	Inj dexamethasone acetate	000885								X			X	X	

This Draft is for discussion purposes only. All examples and tables are currently under review and may be subject to change.

Privileged & Confidential

J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Encounter #	Date of Service	J Code	Drug Description ⁽¹⁾	SNWMASS Applicable Support ⁽⁸⁾	Defendant Did Not Manufacture	A - 2005 ASP	B - Hospital OPS	C - Multisource ⁽¹¹⁾	D - Purchased Outside of MA.	E - Remittance Advice Detail	F - Remaining
63	10/9/2001	J1100	Dexamethasone sodium phos	001238							
64	1/13/2005	J2916	Sodium Ferric Gluconate	000188		X	X			N/A	X
65	1/20/2005	J2916	Sodium Ferric Gluconate	000188		X	X			N/A	X
66	1/8/2004	J1580	Gentamicin Sulfate	001439							
67	6/11/2002	J1750	Iron Dextran	001265			X				
68	6/25/2002	J1750	Iron Dextran	001266			X				
69	7/9/2002	J1750	Iron Dextran	001267			X				
70	7/23/2002	J1750	Iron Dextran	001267			X				
71	9/19/2005	J3370	Vancomycin HCL	000524							
Total Encounters:				33							

Notes:

- (1) The Drug Description is based on the April 2005 Medicare Crosswalk as the documentation only identified the J-code of the drug and not the drug name.
- (2) This claim was billed using J3480 or "Unclassified Drug" with no support as to the actual drug administered. According to CMS, in order to process payment for an unlisted drug or biological the following information is required: 1) Name of Drug - brand name and generic (if applicable) 2) Dosage of Drug - strength and quantity 3) Method of administration (IV, SC, IM) and 4) Percentage (if applicable). This information should be submitted in Item 19 of the CMS-1500 claim form. None of these items of support were provided. Therefore, it is not possible to determine the identity of the drug or if it is actually a Subject Drug.
- (10) Randle Affidavit's reference to this drug administered to Sheet Metal Workers related to its claim against Abbott. I have been informed by counsel that Abbott did not manufacturer or market these drugs after April of 2004.
- (4) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
- (5) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
- (6) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
- (7) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
- (8) The following claims (and included support i.e. Remittance Advices etc.) included in the exhibits of Randle's Affidavit were not analyzed as they did not contain applicable J-codes for the Track 2 Subject Drugs. Bates Nos. 000044, 000027, 000033, 000004, 000020, 000018, 000016, 000014, 000012, 000010, 001566-001568, 000266, 000257, 001567, 000156 and all claims against Bedford and Boehringer (Randle Exhibits 3(e) and 3(f)) as these parties are not defendants in this matter.
- (9) Randle Affidavit's reference to Mitoxantrone hydrochloride / 5 MG administered to Sheet Metal Workers (Bates Nos. 000008, 000023, 000027 and 000039) is not sold by a defendant. It is sold by Sarano after November 13, 2002.
- (10) Randle Affidavit's reference to various multi-source drugs administered to Sheet Metal Workers related to its claim against Fujisawa. I have been informed by counsel that Fujisawa did not manufacturer or market these drugs during the period these transactions occurred.
- (11) Comprehensive cross-walk information and detailed analysis of the methodology used by Medicare to establish reimbursement for multi-source drugs was not available until the recent Medicare cross-walks were published by CMS and CMS implemented the Single Drug Pricer process in 2003. Therefore, I have identified multi-source drugs based on these recent sources. The status of drugs over the entire class period would require extensive analysis. However, the transactions identified by named plaintiffs were primarily related to the more recent time frames, so I have limited my analysis at this time to the SDP and Medicare Crosswalk information currently available through CMS.

Privileged & Confidential

This Draft is for discussion purposes only. All examples and tables are currently under review and may be subject to change.

Exhibit 6

HIGHLY CONFIDENTIAL

Average Wholesale Price
J Code Analysis Detail
Plaintiff Multi-Source Drugs - Snapshot at Date of Initial Single Drug Pricer (SDP) Background File

J Code	Drug Description ^(a)	# of Sources - Medicare Crosswalk and CMS Background ^(b)	Total # of Sources - Compandia Equivalent Unit Reports ^(c)	2003 AWP Range for All Manufacturers Quantity Adjusted to Medicare FBU ^(d)	Background File Based Reimbursement	Oct-03 Imputed AWP Reimbursement Assumed in	Medicare Basis of Reimbursement 2003	20% Coinsurance per Plaintiff Claim Various Dates ^(e)
Class 1 Multi-source Drugs from Exhibit 3								
J1094	Inj dexamethasone acetate	4	7	\$0.29 - \$0.75	\$0.71	\$0.75	Lowest Branded	None Available
J1100	Dexamethasone sodium phos	11	12	\$0.05 - \$0.66	\$0.10	\$0.11	Lowest Branded	\$0.60
J1260	Doxasetron mesylate	2	2	\$17.32 - \$18.70	\$16.45	\$17.32	Lowest Branded	\$27.70
J1440	Fingertin 300 Mcg	2	2	\$1.86 - \$27.80	\$185.90	\$195.68	Lowest Branded	None Available
J1680	Garamycin gentamicin inj	7	8	\$1.26 - \$5.84	\$1.80	\$2.00	Median Generic	\$4.38
J1720	Hydrocortisone sodium-succ	5	5	\$0.86 - \$3.75	\$2.49	\$2.62	Lowest Branded	\$0.35
J7030	Normal saline solution infus 1000 cc	5	6	\$5.17 - \$70.30	\$10.77	\$11.34	Median Generic	\$2.15
J7040	Normal saline solution infus 500 cc	5	7	\$5.17 - \$35.15	\$5.39	\$5.67	Median Generic	None Available
J7050	Normal saline solution infus 250 cc	5	6	\$1.29 - \$17.98	\$2.70	\$2.84	Median Generic	\$4.24
J7060 ^(f)	5% dextrose/water, 500 ml	5	5	\$5.40 - \$22.75	\$9.04	\$9.62	Median Generic	None Available
J7619 ^(g)	Albuterol inh Sol	22	24	\$0.25 - \$0.87	\$0.47	\$0.49	Median Generic	\$23.40
J7644	Ipratropium Bromide Inhal Soln.	9	13	\$1.41 - \$4.52	\$3.34	\$3.52	Not Available	\$33.84
J9060	Cisplatin 10 MG Injection	5	5	\$16.60 - \$50.00	\$15.98	\$16.80	Lowest Branded	\$34.19
J9062	Cisplatin 50 MG Injection	5	5	\$84.00 - \$249.88	\$78.80	\$84.00	Lowest Branded	\$85.49
J9182	Etoposide 100 MG Inj	7	7	\$18.00 - \$157.60	\$17.10	\$18.00	Median Generic	None Available
J9370 ^(h)	Vincristine sulfate 1 MG Inj	2	2	\$18.81 - \$43.23	\$33.98	\$35.77	Median Generic	\$5.08
Q4055 ⁽²⁾⁽¹⁾⁽³⁾	Epoetin alfa	3	3	\$13.36 - \$14.71	\$12.69	\$13.36	Lowest Branded	None Available
Class 2 Additional Multi-source Drugs from Exhibit 4								
J0456	Acibromycin	3	5	\$26.72 - \$27.39	\$25.55	\$26.89	Lowest Branded	None Available
J0635 ⁽ⁱ⁾	Calcitriol Injection	0	6	\$14.20 - \$15.31	-	-	Not Available	None Available
J0640	Leucovorin calcium Injection	11	12	\$2.40 - \$49.46	\$3.71	\$3.91	Median Generic	None Available
J1441	Fingertin 480 mcg injection	2	2	\$82.65 - \$262.60	\$314.07	\$330.60	Lowest Branded	\$55.43
J1644	Inj heparin sodium per 1000u	11	11	\$0.09 - \$15.76	\$0.40	\$0.42	Lowest Branded	None Available
J1750	Iron Dextran	4	4	\$16.85 - \$38.08	\$17.91	\$18.85	Lowest Branded	\$7.16
J1940	Furosemide Inj	9	10	\$0.44 - \$2.88	\$0.88	\$1.03	Median Generic	None Available
J2930	Methylprednisolone Injection	7	8	\$2.38 - \$12.60	\$3.24	\$3.41	Lowest Branded	\$1.72
J3302	Triamcinolone Diacetate	3	8	\$0.36 - \$0.93	\$0.34	\$0.36	Lowest Branded	\$1.03
J3303 ⁽¹⁾⁽³⁾	Tramadolone Hexaceton	2	2	-	\$1.01	\$1.06	Lowest Branded	\$2.08
J3370 ^(h)	Vancomycin HCL	5	5	\$3.03 - \$17.53	\$7.03	\$7.40	Lowest Branded	None Available
J7613 ^(h)	Albuterol Unit Dose	21	24	\$0.26 - \$0.87	\$0.47	\$0.49	Median Generic	\$4.20
J9000	Doxorubicin 10 MG w/ chemo	4	5	\$9.84 - \$44.00	\$9.69	\$10.20	Lowest Branded	\$17.95
J9070 ^(h)	Cyclophosphamide 100 MG Inj	4	4	\$4.08 - \$5.02	\$5.73	\$6.03	Lowest Branded	\$11.28

Plaintiff Example

Subject To Protective Order

1 of 2

HIGHLY CONFIDENTIAL

Average Wholesale Price

J Code Analysis Detail

Plaintiff Multi-Source Drugs - Snapshot at Date of Initial Single Drug Pricer (SDP) Background File

J Code	Drug Description ⁽¹⁾	# of Sources - Medicare Crosswalk and CMS Background ⁽²⁾	Total # of Sources - Compendia Equivalent Unit Reports ⁽³⁾	# of NDCs ⁽⁴⁾	2003 AWP Range for All Manufacturers Quantity Adjusted to Medicare FBU ⁽⁵⁾	Background File Based Actual Medicare Reimbursement	Oct-03 Imputed AWP Assumed in Reimbursement	Medicare Basis of Reimbursement 2003 Medicare Background File	20% Coinsurance per Plaintiff Claim (Various Dates) ⁽⁶⁾
J9180	Fluorouracil Injection	4	4	4	\$2.33 - \$3.75	\$2.07	\$2.18	Median Generic	\$3.82
J9280	Methotrexate sodium 100mg	4	4	4	\$2.19 - \$20.98	\$4.75	\$5.00	Median Generic	\$3.61
Class 3 Additional Multi-source Drugs from Charles Harnsford Declaration									
J1080	Depo-Testosterone up to 200MG	5	5	5	\$9.93 - \$21.42	\$9.43	\$9.93	Lowest Branded	\$4.20
J1561 ⁽¹⁷⁾	Immune Globulin per 500 MG	0	0	0	-	-	-	Not Available	None Available
J1582 ⁽¹⁴⁾	Immune Globulin per 5 G	0	2	2	\$310.00 - \$596.25	-	-	Not Available	None Available
J1563	Immune Globulin 1G	5	6	6	\$82.50 - \$100.93	\$78.38	\$82.51	Median Generic	None Available
J1642	Heparin per 10U Injection	12	12	12	\$0.01 - \$2.61	\$0.06	\$0.06	Lowest Branded	None Available
J2920 ⁽⁸⁾	Methylprednisolone up to 40MG	4	5	5	\$2.05 - \$3.57	\$1.95	\$2.05	Lowest Branded	None Available
J3010	Fentanyl Citrate up to 2ML	4	4	4	\$0.64 - \$3.15	\$0.93	\$0.98	Median Generic	\$0.22
J3360	Diazepam up to 5mg	9	9	9	\$0.18 - \$6.37	\$0.66	\$0.91	Median Generic	None Available
J3490 ⁽¹⁵⁾	Unclassified drug	0	0	0	-	-	-	Not Available	None Available
J7194	Bebulin	3	3	3	\$0.39 - \$0.63	\$0.37	\$0.39	Lowest Branded	None Available
J7625 ⁽¹⁶⁾	Albuterol 0.05% per mL	0	13	13	\$0.36 - \$1.13	\$0.47	\$0.49	Not Available	\$0.57
J8100	Cytarabine 100MG	5	6	6	\$1.80 - \$6.94	\$3.19	\$3.36	Lowest Branded	None Available
J9250	Methotrexate sodium 200 or 5MG	5	5	5	\$0.22 - \$2.10	\$0.39	\$0.41	Median Generic	None Available

⁽¹⁾ Drug descriptions were based on the CMS NDC-HCPCS Apr2005 Crosswalk.

⁽²⁾ Number of sources is determined by the CMS NDC-HCPCS Apr2005 Crosswalk and 2003 HCPCS Drug Pricing Background File.

⁽³⁾ Number of sources is determined by the CMS NDC-HCPCS Apr2005 Crosswalk, 2003 HCPCS Drug Pricing Background File, First DataBank, and RedBook.

⁽⁴⁾ Number of NDCs were based on the CMS NDC-HCPCS Apr2005 Crosswalk and 2003 HCPCS Drug Pricing Background File.

⁽⁵⁾ 2003 AWP Range for All Manufacturers Quantity Adjusted to Medicare FBU is based on the 2003 Redbook pricing data normalized to the Medicare FBU unless otherwise noted for specific J codes.

⁽⁶⁾ If drug encounter level detail reflecting the allowed amount for that specific claim line is not available then "none available" is used.

⁽⁷⁾ Only NDCs found in the Medicare Crosswalk were used to calculate the 2003 FBU normalized range.

⁽⁸⁾ Medicare reimbursement data is for J7619, as J7625 was deleted in 2001 and J7619 was changed to J7613 as of 2005.

⁽⁹⁾ For this J Code the AWP Manufacturers range was calculated using the FBU normalized amount calculated from both First Data Bank and Redbook pricing data because all required AWP's were not available in Redbook.

⁽¹⁰⁾ For J code J0935, No NDC's were available in the CMS NDC-HCPCS Apr2005 Crosswalk or 2003 HCPCS Drug Pricing Background File, the AWP unit price from Redbook was used to arrive at the FBU normalized amount.

⁽¹¹⁾ There is no 2003 data available in Redbook for J3303.

⁽¹²⁾ There is a discrepancy between Red Book's calculation of AWP Unit and Medicare's calculation. After further review, it is believed that Medicare correctly calculated the AWP.

⁽¹³⁾ Prior to January 1, 2004, Q4055 was Q1036.

⁽¹⁴⁾ The 2003 number of NDCs and FBU range for J1562 is based on First DataBank and MediSpan data because the required AWP's associated with the CMS selected NDCs were not available in Redbook.

⁽¹⁵⁾ J3490 is described as an "Unclassified Drug". Therefore, it was not possible to validate that the drug names used were actually the drug administered.

⁽¹⁶⁾ For J7625 no NDC's were available in the CMS NDC-HCPCS Apr2005 Crosswalk or 2003 HCPCS Drug Pricing Background File, the AWP unit price from Redbook is used to arrive at the FBU normalized amount.

⁽¹⁷⁾ For J1561 no NDC's were available in the CMS NDC-HCPCS Apr2005 Crosswalk or 2003 HCPCS Drug Pricing Background File.